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ABSTRACT

The report focuses on evaluation of the Hearing and Speech Infant-Parent Program (HIP), a diagnostic-remedial program for children (0-3) with communication disorders. Results of teacher and parent interviews, class observations, analysis of case records and followup surveys are drawn on to evaluate the following HIP aspects: instruction and therapy sessions with the children, social work services, receiving agency placement and followup, team meetings and case conferences, program management, staff inservice, transportation, and testing interpretation and use. The final section presents conclusions and recommendations for the eight evaluated HIP areas. (CL)

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AN EVALUATION

of the

HEARING AND SPEECH AGENCY
INFANT-PARENT
PROGRAM

Conducted for

THE HEARING AND SPEECH AGENCY

of Metropolitan Baltimore, Inc.

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Curriculum and Evaluation Consultants is pleased to have had the opportunity to conduct this evalution of HIP for the Hearing and Speech Agency of Metropolitan Baltimore, Inc. We hope it will make some contribution to the staff, families and children involved in the program.

The evalution team wished to express their sincere appreciation to Mrs. Anita Davidsen, Project Director, who facilitated the conduct of this study and provided direction and encouragement. Special thanks is due Ms. Jean Chapman, director of the agency, for her support and guidance. Gratitude is also due project staff members Ellie McGinn, Gerd Quinting, Paige Russell and Miriam Zadek whose cooperation and candidness made this evalution possible.

We are indebted to the parents who provided us with invaluable information about their perceptions of the project.

The contributions of all these people made this evaluation possible.

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BACKGROUND AND RATIONALE

In June of 1974, the Hearing and Speech Agency of Metropolitan Baltimore, Inc. initiated a program for communicatively disordered children ages three years and younger. This program, known as the Hearing and Speech Infant-Parent Program (HIP), provides diagnostic teaching and therapeutic activities leading to cognitive development and the acquisition of language and speech by these children. It also provides comprehensive education and counseling for parents and other members of the family.

The project has been funded by a grant from the Bureau of Education for the Handicapped for the past three years. During this period the program had evolved into a multifaceted model involving a number of components. As the federal funding stage draws to a close, it becomes necessary to make certain decisions about the future of the program. Should it be continued? If so, should it be continued in its entirety or should parts be eliminated? Should any aspects be modified? Should it be combined with other programs of the agency?

In order to assist those responsible in making these decisions, a thorough and systematic evaluation has been performed on a number of critical elements operating in the program. In addition to providing information on which to make decisions about the program, this evaluation enables the agency to fulfill

its responsibility to the Bureau of Education for the Handicapped to whom it is accountable for the grant. In addition, it may be useful to the agency in communicating the effectiveness and needs of the program to its various 'publics' including the Board of Directors, sponsors and funders, parents and the community at large.

PURPOSE

The purpose of this evaluation is to examine a number of critical elements which operate in the HIP program in order to determine their effectiveness in contributing to the goals of the program and their efficiency in operation. The components of the program which have been evaluated are as follows.

1. Instruction and Therapy Sessions with Children.
2. The Social Work Service Program
3. Receiving Agency Placement and Follow-Up
5. Team Meetings and Case Conferences
5. Program Management
6. Staff Inservice
7. Transportation for Parents and Children
8. Testing Interpretation and Use

The information provided by this evaluation should be useful in making decisions about the future disposition of each element. In addition, it will provide information to the Bureau of Education for the Handicapped about the effectiveness of the program. Finally, this evaluation should assist the agency in communicating the intent and effectiveness of the program to interested parties.

PROCEDURES

Several procedures were utilized to gather data for this evaluation and include the following.

1. An interview was conducted with seven staff members (six current and one former). A copy of the interview form is included in Appendix A. Although all questions on this form were included in the interview, the technique itself provided opportunities to branch off and pursue information in depth when the person being interviewed presented other ideas. All interviews were recorded on audio tape with the permission of the person interviewed. These tapes were used in analyzing the data.
2. A parent of each child currently or formerly enrolled in the program was interviewed. A total of 24 interviews was conducted including two by telephone with parents who had moved from the state. Most parents were interviewed at the agency, although a few who could not make a visit to the agency were interviewed at home. A copy of this inter-

view form is included in Appendix A. Since parents varied greatly in their ability to comprehend and respond, deviations were sometimes made in the questioning in order to gather as much data as possible. Audio taping was done on all interviews for use in data analysis.

3. Observations were made of the teacher working with individual children or small groups of children and parents. This was done via video tape so as not to disturb the lesson. These observations were coded using a system known as CAFIAS (Cheffers Adaptation of Flanders Interaction Analysis System). This instrument provides a means of analyzing verbal and non-verbal interactions between the participants in a group. Through this analysis it is possible to determine the pattern of teaching and response of children.
4. Observations were also made of team meetings, case conferences and group counseling sessions with parents. Although no systematic coding was done of these observations, audio recordings and notes were made for analysis.

5. Agencies who received HIP children after they had completed the HIP program were visited. An interview was accomplished with the present teacher of former HIP children and other appropriate personnel of the agency. Fifteen agencies were visited. A copy of the interview form is included in Appendix B.
6. A critical review of case records, policy manuals, project reports, video tapes, brochures and other types of documents was made. These documents provided considerable information about the operation of the program which was cross checked through interviews and observations.

All of these data were sorted according to critical elements which they evaluated. The analysis of data varied with the element evaluated. Frequency counts, percentages, agreements and contradictions, trend analysis and expert judgement were primary means of analysis. Specific means of analyses are included under each element evaluated.

The next eight sections of this report present the results of these evaluations and recommendations regarding each element.

INSTRUCTION AND THERAPY FOR CHILDREN

The major focus of the HIP program is the communicatively disordered child. Every week each child receives two hours of instruction and/or therapy for his disability, be it hearing, language and/or speech. One of these hour long sessions is conducted at the agency and the other at the child's home. The mother is included in each session since it is a goal of the program to train her to work with the child.

Initially all instruction and therapy sessions were conducted with one child at a time. However, as the program progressed, some small group lessons with two and three children were conducted at the agency.

The evaluation of this phase of the program was based on observation of the teaching-learning sessions and interviews with parents and staff.

The observation, performed on video tapes of lessons, was evaluated in two ways. One method was evaluation by a panel of experts in teacher behavior who made critical notations about each episode as they viewed it. The other method was the use of an objective coding system known as the Cheffer's Adaption of the Flanders Interaction Analysis System (CAFIAS). In this system both teacher and student behaviors are coded, tallied and quantitatively analyzed to describe the type of interactive behaviors that occurred during the lessons.

The data collected on CAFIAS may be used to calculate a

number of statistics which describe various types of interactions. The abbreviation, title and definition of each type of interaction used in this evaluation and the type of statistic which represents each of these parameters are listed in Table I.

These data were analyzed in three different ways. Data from home visits and agency visits with six children were compared. Data from five individual sessions were compared with five group sessions. Finally, data from three sessions with groups of language impaired children were compared with data from two group sessions with hearing impaired children. A "t" test was used to determine which differences were statistically significant.

For ease in interpretation, the analyses and comparisons are graphically presented in Figures 1, 2 and 3. Data for all the interaction statistics have been placed on a single graph for comparison. Although this results in percentages, ratios and frequency counts being included on the same chart, the comparisons made are between identical statistics for the two situations being compared.

Comparisons of the interaction for home and agency visits are presented in Figure 1. Home visits yielded statistically higher scores than agency visits on the following parameters.

1. Pupil contribution to the interaction (PT), particularly of the non-verbal type (PNV).

TABLE I

CAFIAS PARAMETERS, DEFINITIONS AND STATISTICS

Parameter		Definition and Statistic
P	(Part)	Members of the group working on different activities at same time. This is characterized by a degree of independence. (percentage)
W	(Whole)	The group is working as a unit on the same task. (percentage)
TV	(Teacher Verbal)	The amount of verbal contribution made by the teacher to the interaction. (percentage)
TNV	(Teacher Non-Verbal)	The amount of non-verbal contribution made by the teacher to the interaction. (percentage)
TT	(Teacher Total)	The total contribution (TT + TNV) made by the teacher to the interaction. (percentage)
SC	(Silence or Confusion)	No verbal or non-verbal interaction, or meaningless noise and activity. (percentage)
PV	(Pupil Verbal)	The amount of verbal contribution made by the pupil to the interaction. (percentage)
PNV	(Pupil Non-Verbal)	The amount of non-verbal contribution made by the pupil(s) to the interaction. (percentage)
PT	(Pupil Total)	The total contribution made by the pupil(s) to the interaction. (percentage)
TQV	(Teacher Questioning Verbal)	Teacher's use of verbal questioning to elicit a response. (ratio)
TQNV	(Teacher Questioning Non-Verbal)	Teacher's use of non-verbal questions to elicit a response. (ratio)
TTQ	(Total Teacher Questioning)	The total amount of teacher questioning, both verbal and non-verbal, to elicit a response. (ratio)

TABLE I (cont.)

Parameter		Definition and Statistic
TAPV	(Teacher Acceptance and Praise, Verbal)	The verbal acceptance of a student's response or actions and/or praise for this by teacher. (ratio)
TAPNV	(Teacher Acceptance and Praise, Non-Verbal)	The non-verbal acceptance of a student's response or actions and/or praise for this by the teacher. (ratio)
TTAP	(Total Teacher Acceptance and Praise)	The total amount of teacher acceptance and/or praise. (ratio)
PITV	(Pupil Initiation, Teacher Verbal)	A verbal action or response initiated by a pupil resulting from a suggestion by the teacher. (ratio)
PITNV	(Pupil Initiation, Teacher Non-Verbal)	A non-verbal action or response initiated by a pupil resulting from a suggestion by the teacher. (ratio)
TPIT	(Total Pupil Initiation Teacher)	The total of PITV and PITNV. (ratio)
PIPV	(Pupil Initiation, Pupil Verbal)	An unsolicited verbal behavior initiated by the pupil himself without any suggestion from the teacher. (ratio)
PIPNV	(Pupil Initiation, Pupil Non-Verbal)	An unsolicited non-verbal behavior initiated by the pupil himself without any suggestion from the teacher. (ratio)
TPIP	(Total Pupil Initiation Pupil)	The total of PIPV and PIPNV. (ratio)
CET	(Content Emphasis Teacher)	Emphasis by the teacher on specific content and substantive material. (ratio)
TT'	(Teacher Teaching)	Teacher herself is doing the teaching. (percentage)
TP	(Teaching Pupil)	A pupil is doing the teaching. (percentage)

TABLE I (cont.)

Parameter		Definition and Statistic
TE	(Teaching Environment)	An object in the environment is doing the teaching. (percentage)
VE	(Verbal Emphasis)	Amount of verbal interaction. (percentage)
NVE	(Non-Verbal Emphasis)	Amount of non-verbal interaction. (percentage)
TS	(Teacher Sympathy)	Amount of empathy or sympathy for student's emotions shown by teacher. (frequency count)

2. Teacher use of questions (TTQ) both verbal (TQV) and non-verbal (TQNV).

3. Verbal behavior initiated by the child both as a result of teacher stimulation (PITV) and without any suggestion from the teacher (PIPV).

There were no statistically significant differences in favor of agency visits.

It is apparent that during home visits teachers are less likely to dominate the learning situation. They question children to a greater extent which permits children to contribute more to the interaction. They also provide other opportunities for children to show greater initiative in the process.

In the agency sessions teachers tend to be more direct, using less questions and providing fewer opportunities for students to contribute.

However, in both home and agency visits, the teachers served as the primary teaching agent (TT' 98 for agency and

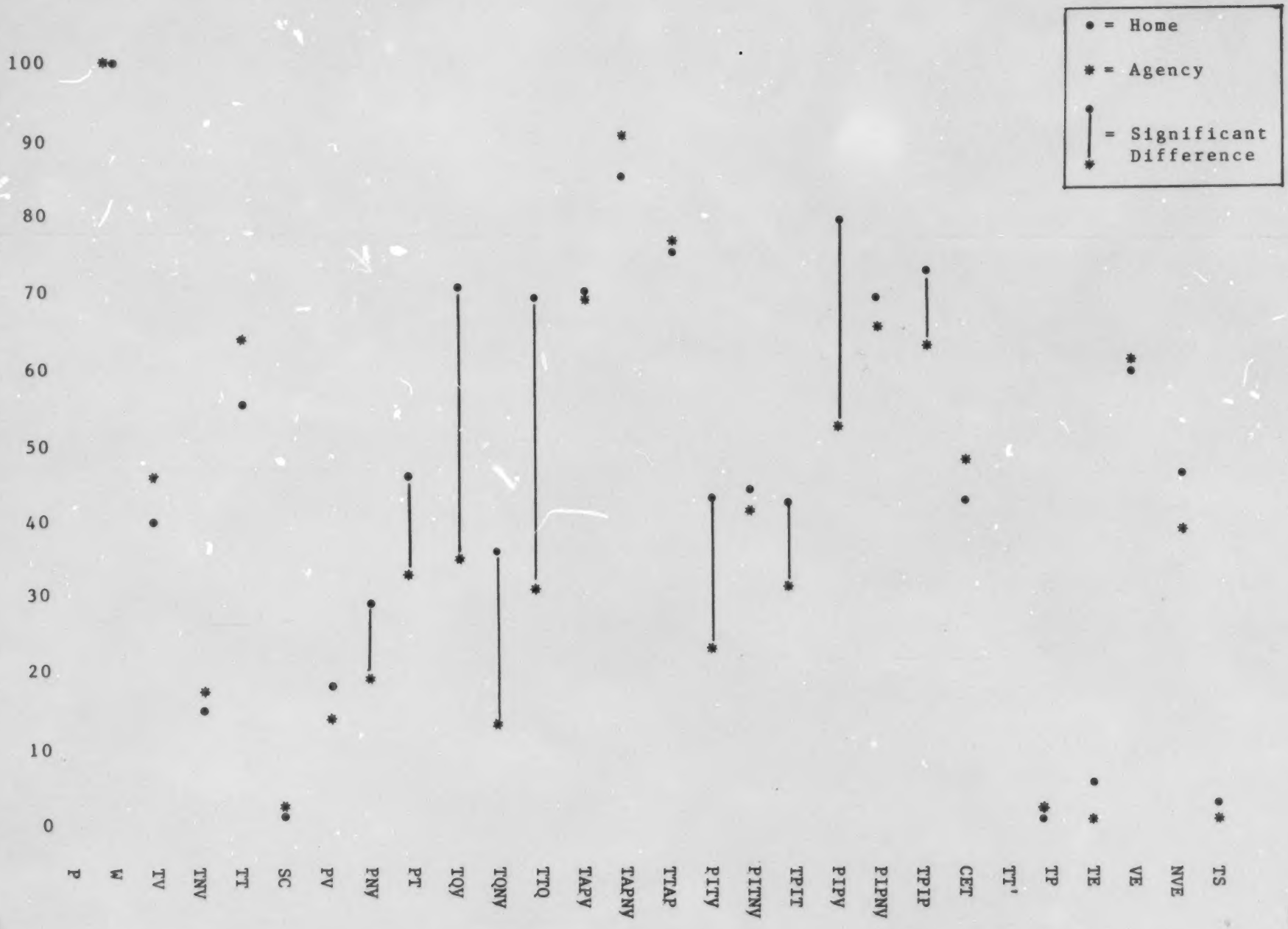

Figure 1. CAFIAS Analysis of Home and Agency Visits

94 for home). Also, teachers in both sessions were lavish in their acceptance of students' behavior and in their praise for their accomplishments. A type of teacher behavior that was virtually non-existent was sympathy for students' emotions. When a child cried, had tantrums or otherwise manifested an emotional outburst, the teacher accepted the behavior but did not let it interfere with teaching. This singlemindedness of purpose may well have been the key to the teacher's success.

Comparisons of the interactions for individual and group sessions are presented in Figure 2. Individual sessions were found to have statistically higher scores than group sessions in the following areas.

1. Working as a whole. (W)
2. Teacher verbal input (TV) and the total teacher contribution to the interaction (TT).
3. Teacher use of non-verbal questions (TQNV).
4. Emphasis placed on content by the teacher (CET).
5. Teacher doing the teaching, as opposed to other pupils or the environment teaching (TT').

On the other hand, group sessions had significantly higher scores than individual sessions in these areas.

1. Independence; members of the group working on different activities at the same time (P).
2. Pupil verbal input (PV) and total pupil contribution to the interaction (PT).
3. Behavior initiated by the pupil without any suggestion from the teacher (TPIP), both verbal (PIPV) and non-verbal (PIPNV).
4. The use of other pupils (TP) and the environment (TE) as instruments of teaching.

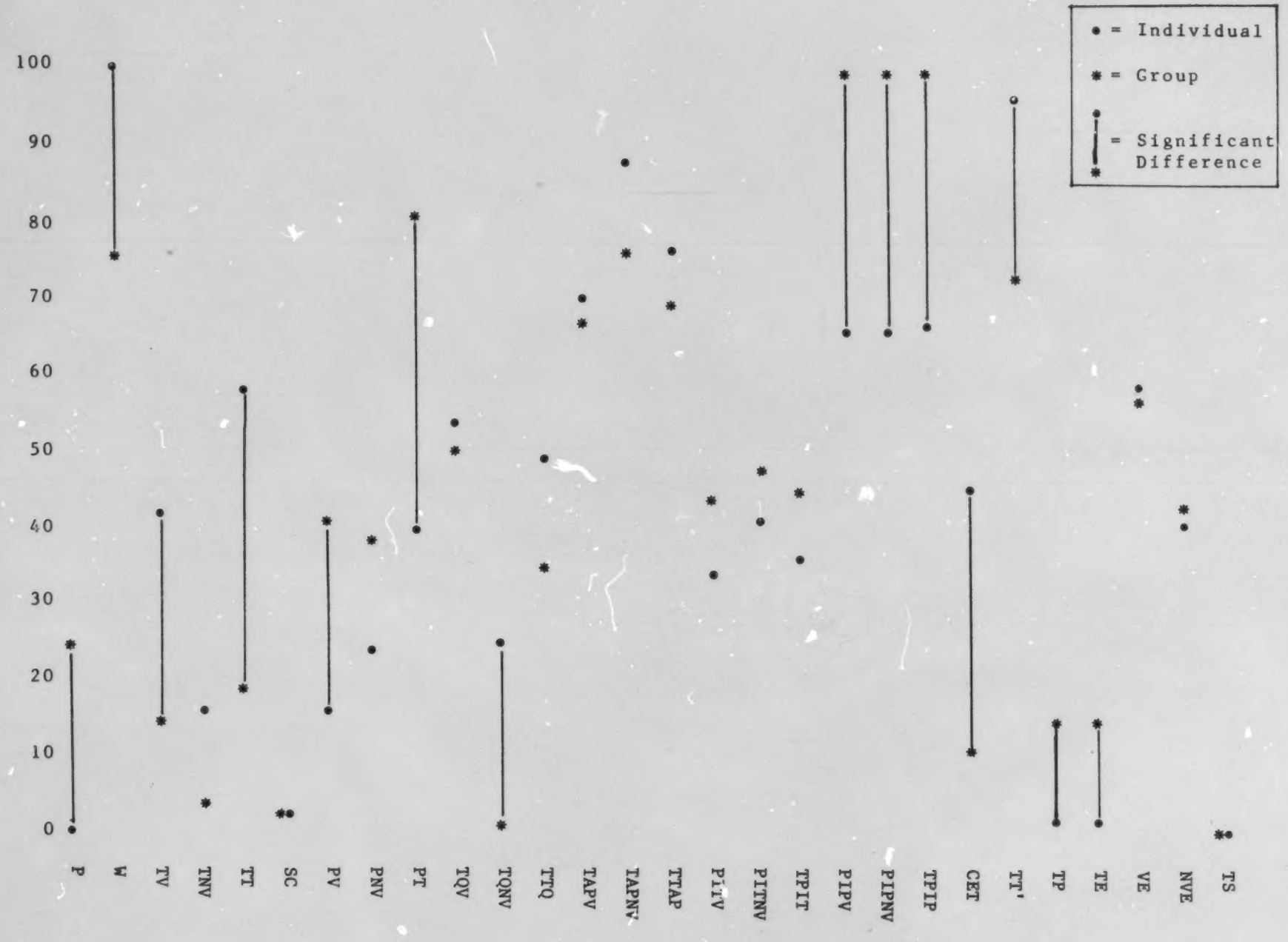

Figure 2. CAFIAS Analysis of Individual and Group Sessions

This analysis reveals that pupils act more independently, manifest greater initiative, contribute more to the interaction and are less dependent upon the teacher when working in groups, than when they work individually with the teacher. Teachers tend to foster this type of behavior by placing less emphasis on content and using the environment and other pupils to do part of the teaching. The teacher's contribution to the interaction (both verbal and non-verbal) is less when working with groups than with individuals.

This remarkably low keyed approach by teachers when working in groups is contrasted to their more dominant role when tutoring individuals. More teacher input then student contribution (58 to 40), greater emphasis on content and a tendency to do virtually all the teaching themselves indicates the teacher's dominance in individual sessions.

An aspect of the teacher's behavior that was relatively high in both individual and group sessions was acceptance of student's contributions and praise for their work. Again, the teacher's sympathy for childrens' emotional outbursts was virtually non-existent. The teacher was obviously controlling this type of behavior so as not to reinforce emotional reactions by children and to keep the teaching and learning on task.

The teacher used significantly more questions when teaching the language impaired group than when teaching the hearing impaired group. It is also obvious that the pupils themselves and the environment were used more frequently as the instruments of teaching in the language impaired group.

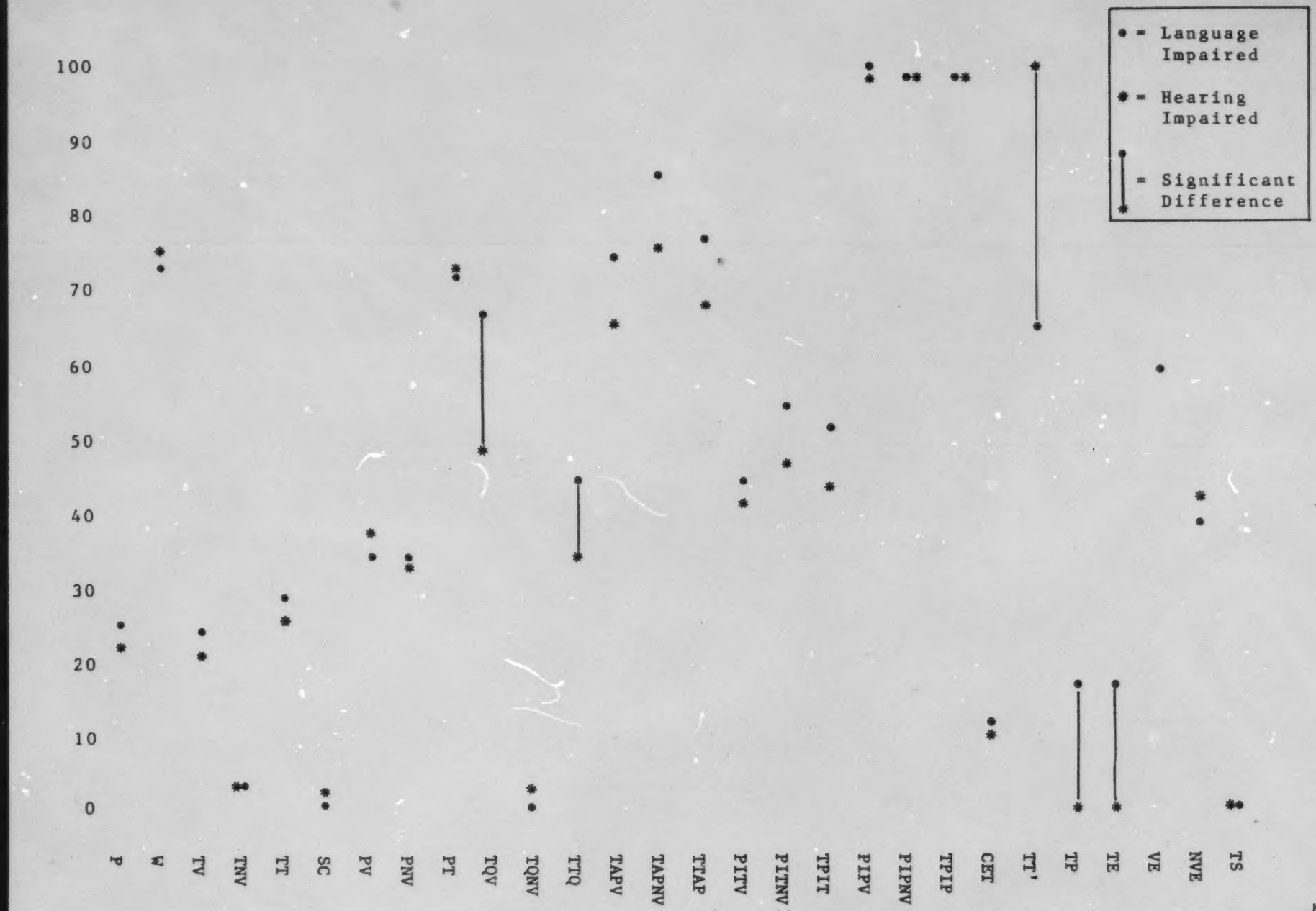

Figure 3. CAFIAS Analysis of Hearing and Language Impaired Children

They were never used for teaching the hearing impaired group, where the teacher totally dominated instruction (TT'). This tight control when working with hearing impaired groups may be explained by the fact that the teaching of such groups was a relatively new experience for the teacher, having been initiated just as the evaluation process began. In the initial stage, it is quite possible that she used a highly structured approach until getting accustomed to the group.

Several parameters stood out because they had high values for both groups. These were:

1. Total pupil contribution (PT).
2. Teacher acceptance and praise (TTAP).
3. Pupil initiated contributions without any suggestions from the teacher (TPIP).

As in the two previous analyses, the teacher showed no sympathy for student emotional outbursts.

The following conclusions have been drawn from these analyses.

1. The teacher is not sympathetic to the emotional outbursts of children.
2. The teacher accepts children's contributions and is lavish with praise for them.
3. The children are always involved in activity; there is very little silence and confusion.
4. Children initiate a fair amount of contribution to the interaction, without prompting from the teacher.

5. The teacher is more indirect in her teaching when working in the home and more direct when teaching at the agency.
6. The teacher tends to dominate the lessons when tutoring a single child by emphasizing content, making the major contributions to the interaction and permitting little independence on the part of the child.
7. In group settings, the child makes a major contribution to the interaction and acts more independently. The teacher makes a greater use of the environment and other children as instruments of instruction.
8. The teacher is much more structured and dominating with hearing impaired groups than language impaired groups.

In addition to the CAFIAS analysis of the tapes, three individuals with a degree of expertise in teacher behavior independently reviewed the tapes and made notes on salient points they observed. These observations were combined and summarized below.

1. The teacher's approach is consistent in most lessons; low keyed, patient and persistent. She rewards children for accomplishments and establishes a positive relationship with most of them.
2. The teacher is able to engage many children in high level cognitive thinking and get them back

on task when their attention wanders.

3. Siblings, both at home or when they accompany mother and child to agency, distract the learner.
4. Mothers' role tends to improve over time. They tend to take a more positive active role in the learning process as their number of contacts increase.
5. Mothers tend to interfere in a non-productive manner more frequently during home visits than agency visits.
6. Children are more easily distracted and engage in "off task" behavior more frequently during home visits than agency visits.
7. Teacher seems more secure and in control in agency visits.
8. Teacher uses mother more constructively during agency visits.
9. Teacher appears to be less sure of self when teaching hearing impaired group than when teaching language impaired group.
10. Children in groups interact with one another significantly showing considerable ability to cooperate and act independently.

During the interview with parents, they were asked to compare home and agency visits, comment on individual and group sessions and indicate the strong points on the instructional program and recommendations for change.

Parents' preference for home or agency visits are

presented in Table 2. Four groups of opinions on this matter were expressed by parents. There were those who felt one or the other was better, those who felt they were of equal value and the fourth group who felt the home visit was preferable at the onset but the agency visit was better as the child progressed.

TABLE II

PARENTS' PREFERENCE FOR TYPE OF VISIT FOR CHILD

Type of Visit Preferred	No.
Both types (of equal value)	8
Home visits better	7
Home visit at beginning; agency visit later	5
Agency visit better	4

Various reasons were given for these responses. Those favoring home visits perceived the following three types of advantages.

1. The child was familiar with the environment. He/she needed to adjust only to the teacher. This was less frightening and helped the child retain confidence.
2. The teacher could utilize the environment and language of the home in instruction.
3. Home visits were more convenient for parents.

Those who favor agency visits offered the following reasons.

1. There were fewer distractions, such as siblings and familiar toys, at the agency.
2. The child behaved better at the agency.
3. Going to the agency gave the mother a break.
4. The teacher was more formal and serious at the agency. More was accomplished.
5. There was greater opportunity for socialization with other children at the agency.

Those favoring both types voiced the same reasons as stated above, stressing the value of a balance between the two types.

Those favoring the home visit with a gradual transition to agency visits offered similar reasons. More specifically they suggested:

1. The child is less frightened at home in the initial stages. The emphasis can be placed on getting to know the teacher.
2. As the teacher and child got to know each other, a shift to the agency emphasizes the seriousness of the sessions. The distractions of the home are eliminated, preparation for leaving home and going to school begin and some socialization with other children is possible.

Based on the opinions of parents, it may be concluded that both home and agency visits are desirable with a possible gradual shift from home to agency visits for some children being best.

When asked about individual and group sessions, most parents professed to prefer the type in which their child was involved. That is, those whose children were being taught individually preferred individual sessions and those whose children were in groups preferred this. This latter opinion is interesting since all children at one time were taught individually and it was at a later stage in the program that some children were shifted to a group. At the time parents were interviewed, only one group was functioning so the number of opinions was few. This group was made up of only language impaired youngsters. However, these parents were unanimous in their support of grouping.

The parents indicated several strong points in the instructional program. These are listed in Table III.

TABLE III

STRONG POINTS OF PROGRAM AS PERCEIVED BY PARENTS

Strong Points	No.
Teacher's interest and concern	4
Teacher's ability	3
Opportunity to observe and participate	2
Gave parent confidence	1

The teacher was perceived by parents as being the strength of this program. The teacher's concern and ability were key factors in the program's success.

A number of recommendations were offered by parents. Only one, however, was mentioned by more than one parent.

More frequent and longer sessions were suggested by five parents. Other suggestions offered by individual parents included:

not changing teachers. Children tended to regress during the transition.

teacher taking child on field trips.

eliminating distracting materials at agency.

teacher sitting on same side of table as child so child could follow directions better.

more gamelike activities.

not grouping hearing impaired children together.

not discussing child's progress in front of him.

Interviews with members of the staff concerning home and agency visits and individual and group sessions yielded a variety of results. Due to the different tasks that staff members performed, they have varying degrees of experience with this aspect of the program and see it from different perspectives. The teachers, who actually conduct these sessions, see both the process and outcome quite closely. On the other hand, program administrators formulate their perceptions from observation of these sessions and interaction with staff members. Still others, such as the social worker, psycholinguist and psychologist, have various experiences with the children and their parents which influence their conclusions. Any attempt to combine and quantify staff evaluations of this aspect of the program would likely lead to erroneous conclusions. Therefore, individual statements supporting and refuting each aspect evaluated are presented with no attempt

made to generalize.

Comments made by the staff which are supportive of home visits are listed below.

1. The child is more comfortable and relaxed in the home setting than in the agency, particularly at the beginning stage of treatment.

2. The home visit is more convenient for parents, even making the program possible for them, when transportation and siblings, particularly a new baby, pose a problem.

3. Home visits enable staff to learn about family situations and determine what potential goals are possible.

4. Visits in middle class homes provide a variety of materials and freedom to work with child and parent in various environments (kitchen, bath, etc.)

5. Siblings in home provide some opportunity for socialization.

6. Home setting provides a familiar environment for helping parents learn to teach language.

Staff statements which counter home visits include the following.

1. Teacher is treated as a guest in the home; she does not feel comfortable going into personal areas (bath, bedroom, etc.) This is particularly true in lower class homes when the teaching is confined to a single area making it almost a duplicate of the agency visit.

2. There is a lack of opportunity for socialization during home visits.

3. Third party payments do not cover home visits.

4. Outcomes are about the same in both places.

5. It is questionable if the home visit is actually accomplishing the purposes for which it was designed.

There were three statements made by staff which support agency visits.

1. The environment is more conducive to serious work; more seems to be accomplished at the agency.

2. After the child becomes familiar with the teacher, there is essentially no difference in home and agency visits.

3. There is less time wasted by the teacher in transit, thus she can handle more cases.

The disadvantages of agency visits are as follows.

1. Parents do not seem to be able to transfer learning from the agency to the home.

2. Agency visits tend to be too formal; almost artificial.

Comments made by the staff supportive of individual sessions are as follows.

1. More intensive teaching is possible. Both the child and parent have the total attention of the teacher.

2. Most children have many needs, particularly language, which can best be met through individual sessions. Socialization, which would be enhanced through group work, is less critical.

3. Individual sessions permit teacher to adapt to individual learning style of child.

Those comments which favor group sessions include the following.

1. Children need opportunities to socialize and interact with their peers. This is particularly true for language impaired children.

2. Child can see the problems of others and how they learn.

3. Children can learn from each other.

4. There is considerable cognitive stimulation in group work and certainly no less cognitive achievement.

5. It helps children become more responsible.

6. It prepares them for the next program; usually a pre-school group setting.

Several statements were made which negate the use of groups.

1. They are not desirable before the age of two or two and a half years since children prior to this are egocentric.

2. Parents are not as involved in group sessions.

3. Groups are contra-indicated for hearing impaired children because the background noise interferes with residual hearing; the poor speech patterns of these children present a negative model and the need for socialization is not as great for these children since they tend to have fewer social problems.

Although no attempt has been made to draw conclusions from the staff comments per se, it is noteworthy that they agree in several instances with the evaluation of the parents.

Both agree that home visits were important, particulatly at the beginning stages when the child was becoming familiar with the teacher, but the difference became less significant after this was accomplished.

Both felt that the teacher was more formal at the agency, the session was more serious and more was accomplished.

Both agreed the home environment provided some advantages to all parties in teaching and learning language.

Some parents and some staff agreed that group sessions are desirable for at least some children.

The following recommendations are made about the instruction and therapy program based on this evaluation.

1. Teachers should review the differences in their behavior and that of children in different situations and ascertain if this behavior is desirable. Where it is not, conscious efforts (including inservice work) should be made to alter it.
2. Both home and agency visits should be continued with the former being phased out as teacher and student become acquainted. There may be individual circumstances which contraindicate this practice, however.
3. Consideration should be given to more small group work, either as a replacement or supplement to individual sessions.

SOCIAL WORK SERVICES

Parents and other members of the family are offered a program of social work services. The primary purpose of this program is to help them understand and cope with the many problems associated with having a handicapped child. The program is implemented primarily through individual and group counseling and educational services, with follow-up by staff members in helping families solve individual problems. Both structured and open-ended programs are included in these sessions.

The data used in evaluating this component of the program were collected through interviews with parents and with members of the staff.

Of the 24 parents interviewed, 18 indicated that they participated in some phase of the social service program. Table IV itemizes what parents felt they gained from the program.

It is noteworthy that of the eight items mentioned by more than one parent, five were concerned primarily with themselves (support, confidence, guilt, etc.) and three items showed concern about dealing with their child. This is supportive of the theory that parents of handicapped children need as much help in their personal development as the children do in their

TABLE IV

PARENTS' PERCEPTIONS OF WHAT THEY GAINED FROM THE SOCIAL WORK SERVICES PROGRAM

Gain from Program	No.
Better understanding of child	8
Learned how to help child	6
Emotional and moral support	5
Confidence	4
Overcame guilt and depression	2
How to cope with problems	2
How to discipline child	2
Opportunity to talk with others in similar circumstances	2
Acceptance of handicap	1
Overcame frustration	1
Positive philosophy	1
What not to do	1
Improved relationship with child	1

development. These data indicate that this program is providing some of this help.

Six of the twenty-four parents interviewed stated that they did not participate in this program. Probing by the interviewer resulted in the revelation of two types of reasons for this non-participation.

One type of reason centered around a group of excuses; reasons why a person could not participate

even if she wanted to do so. A job, lack of a baby-sitter, lack of transportation, pregnancy and fear of going to the agency at night represented this type of reason. The other type was a rejection of the program. The program was not useful, did not offer anything they did not already know and dealt with psychology rather than substantive information were the remarks indicative of this reasoning. The three people who offered these latter reasons for not participating were all at the higher educational and economic end of the spectrum of parents interviewed. Although this group represents only a minority of parents, it points out a possible unmet need.

Parents were asked whether they preferred individual meetings with staff members or group sessions involving other parents and staff. Table V contains the results of this survey.

Although group sessions are favored by a majority of the parents, there is substantial support for both types of meetings. The primary reasons given by parents for supporting both types of meetings deal with getting help with their problems. In group meetings, many parents perceive the group itself as being an important source of help (shared ideas and mutual support). Those supporting individual sessions

TABLE V

TYPE OF MEETINGS PREFERRED BY PARENTS AND THEIR REASONS

Type	No.	Reasons	No.
Group	9	More ideas shared	5
		Mutual support	4
		Socialization	2
		Others served as models	1
Individual	5	Focus on personal problems	5
		Hesitant to talk in group	2
		No pressure to compare children	1
		Less frustration	1
Both	4	(Many reasons stated above apply here)	
		Individual meetings best at beginning; group meeting later after becoming comfortable with agency	2

obviously perceive the staff person as being the major source of help in solving their personal problems.

Staff members were also asked which type of setting (individual or group) they felt was most helpful to parents and why. Table VI summarizes their perceptions on this matter.

It is interesting to note that staff perceptions of the type of session they felt was most helpful to parents differ from the parent's preference.

TABLE VI

TYPES OF SESSIONS STAFF PERCEIVE TO BE MOST HELPFUL TO PARENTS AND THEIR REASONS

Type	No.	Reasons	No.
Individual	3	Parents want to know about their own child and deal with their own problems.	4
		No pressure to compare children	3
		Each parent ready to learn different things at different times.	1
		Not afraid to reveal ignorance to staff member.	1
		Staff stronger in individual counselling then in group skills.	1
Group	1	Parents learn from each other	2
Both	3	Reasons given above	

Staff felt that the individual meeting was superior, or at least equal to, the group meeting in terms of helpfulness, while the majority of parents felt the group meeting was best. The reasons given by both groups are similar, however. Dealing with idiosyncratic problems was the major reason for individual sessions. Sharing ideas lead the list of reasons supporting group meetings.

During the interviews some staff members expressed the concern that they were not utilized in the parent

program to the extent that they felt they could be. Further probing failed to reveal much more than the fact that individual staff members felt they had contributions to make to this program but were not offered the opportunity to do so.

Another aspect of this program that was evaluated dealt with the ways content was structured. Pre-planned structured programs about topics that should be of interest to families were offered along with open-ended programs in which parents' discussions determined the topics taken up. Table VII summarizes the preferences of parents concerning this.

TABLE VII

PARENTS' PREFERENCE FOR CONTENT SELECTION

Type	No.	Reasons	No.
Open-ended	9	Shared ideas	6
		Mutual support	4
		Talk about what interests us	4
Structured	2	Topics were important	2
		Presenters were prepared	2
		Could question speaker	1
Both	5	Same reasons as above	
No response	2		

The open-ended program was considered by almost all parents who responded to this question to be desirable. Although only two parents considered the structured program to be superior, an additional five felt that both types had their place in the program.

Both the parents and staff were asked what topics they felt were or would be most useful in this program. Table VIII contains the list of topics presented by both groups.

There were five topics which two or more parents and two or more staff members felt were useful. An interesting observation is that no parents mentioned language as a topic of interest, yet this was a major factor in the programs for children.

There were many objectives of this program for families. One of the most important was the preparation of parents to become advocates for their own children in order to obtain further help for them. Parents of children still in the program and of children who moved on to other programs were asked if they felt they were able to seek help for their children as a result of the program.

There were five different types of responses received to this query. Six parents gave an unqualified

TABLE VIII

TOPICS USEFUL IN PROGRAM RECOMMENDED BY PARENTS AND STAFF

Topic	No. Parents	No. Staff
Toilet training	5	2
Helping relatives and family cope/ adjust to handicapped child's disability	4	0
Discipline and child management	4	4
Hearing aids	3	4
Audiograms	3	2
Speech patterns	2	0
Ideas for helping child learn	2	2
Selecting a nursery school	2	1
How to treat other children in family	2	0
Supervision of toy buying	2	0
Involvement of father with child	2	1
Financial situations	2	0
Activities for children	2	0
Self-esteem	1	0
Fatherless families	1	0
Adolescence	1	0
School work	1	0
Personal problems	1	0
Temper tantrums	1	0
Eating problems	1	0
1st child problems	1	0
Marriage problems	1	0
Structure of ear	1	0
Child safety	1	0
Speech reinforcement	1	0
Testing concepts	0	3
Language development and impairment	0	3
Helping child avoid hazards	0	2
Learning disabilities	0	1
Vocabulary about handicapped (to aid in communicating with professionals)	0	1
Management of feeling about handicap	0	1
Audio-oral approach	0	1

yes; they now felt better prepared to seek help for their children. Three parents also said yes, but felt they were able to do this before they entered the program. A total of five parents replied in the negative. However, three of these felt they had not been in the program long enough to develop this ability. The other two, whose children were no longer in the program, stated that they did not believe they had developed into advocates for their children.

The results of this phase of the evaluation led to the following conclusions.

1. A majority of the parents participated in this program, feeling that it helped them grow personally and to better understand and help their child.
2. A minority of parents did not participate in the program either because of personal problems which interfered or because they felt the program lacked substance that would help them.
3. Most parents preferred group meetings or both group and individual meetings, while the staff perceived individual or both types of sessions as most useful to parents.
4. Open-ended meetings were preferred by most parents although a substantial number preferred structured sessions or both types.

5. The topics found most useful by both parents and staff dealt with raising children and helping them with their handicap.
6. There is evidence that the program helps some parents become advocates for their children, but this evidence is not overwhelming.

Based on this evaluation, the following recommendations are made.

1. The program should definitely be continued.
2. Efforts should be made to provide both substantive information as well as affective counselling to meet diverse needs.
3. Both group and individual meetings should be retained.
4. Both open-ended as well as structured programs should be conducted. However, in the case of structured meetings, parents should have some input into the topics to be presented to provide for relevance.
5. Efforts should be made for total staff involvement in this program; if not in the actual conduct of the programs themselves, at least in the planning for them.
6. Planned curriculum and supporting materials should be developed on topics of high interest

to a number of parents.

7. Continued emphasis should be placed on helping parents become advocates for their children.

RECEIVING AGENCY PLACEMENT AND FOLLOW-UP

When children in HIP, by virtue of age and/or achievement (or lack of it) are deemed ready to move to another program, the HIP staff attempts to assist the parents in locating an appropriate program for the child and helping to make as smooth a transition as possible. This includes providing assistance in the identification and evaluation of potential programs, program selection, orientation of receiving program staff, forwarding of records and follow-up.

Evaluation of this phase of the project was accomplished in four ways. First, the case record of each child who had exited from HIP was reviewed with special attention to the exit recommendation and follow-up report when available. Second, each receiving agency was contacted and an interview conducted with the teacher of the former HIP child and, when possible, with other personnel who were involved in the case, such as speech therapists and program administrators. Third, parents of these children were interviewed, and finally, members of the HIP staff were queried about the process.

There were, at the time of this evaluation, 23 students who had been significantly involved in HIP and had exited from the program. Of these, two had moved out of state and one other was not currently enrolled in any other program.

Table IX contains a list of the types of programs in which these children are enrolled.

TABLE IX

PROGRAMS IN WHICH FORMER HIP CHILDREN ARE ENROLLED

Type of Program	Total
Pre-school for normal children	6
Programs for Special Children (14)	
Hearing Impaired	8
Communication Center	3
Multiple Handicapped	1
Mentally Retarded	1
Developmentally Delayed	1
No Program	1
Moved out of state	2

Fifteen of the 20 children had been placed in programs that were using some version of an auditory-oral approach similar to that used by HIP. The other five were in total communciation programs.

The most rewarding data was collected from interviews with representatives of the agencies who had received these children. A copy of the interview guide is included in Appendix B. These interviews involved 18 different teachers and six other persons in 14 different agencies.

In the opinion of the persons interviewed, 16 of the children were appropriately placed and four were not.

The reasons for these assessments are presented in Table X .

TABLE X

RECEIVING AGENCIES' REASONS FOR APPROPRIATENESS OR INAPPROPRIATENESS OF PLACEMENT

Reason for:	No.
Appropriate Placement (16)	
Agency program designed for child's handicap	12
Child fit in with other children	2
Demographic background of child appropriate	1
Child had no problem	1
Inappropriate placement (4)	
Agency program not designed for child's handicap	2
Child not toilet trained	1
Class advanced too rapidly for child	1

Whether or not the receiving agency's program was designed for children with the types of handicaps they received from HIP was the primary reason for the appropriateness or inappropriateness of the placement.

When asked what indicators they had that the child was or was not adequately prepared to enter the program, representatives of the receiving agencies responded with the comments in Table XI.

The number and variety of responses concerning preparation indicate that the children in the HIP program seemed to be prepared to move on to the receiving program.

TABLE XI

INDICATORS OF CHILD'S PREPARATION OR LACK OF IT

Indicator	No.
Prepared	
Toilet trained	3
No different than other children	3
No separation problems	2
Language understandable	2
Socially mature	2
Liked coming to class	1
Not prepared	
Not toilet trained	1
Socially immature	1
No response	5

Interviews with members of the HIP staff revealed that there was a diversity in personal philosophy concerning the transmission of records to receiving programs. These philosophies ranged from almost complete disclosure of records, except confidential information gleaned during parent counseling sessions, to almost complete restriction except for demographic data. This variance in personal philosophies among team members quite possibly was due to the diversity in the disciplines and professions represented. Although the policy of the agency regarding the transmission of records was clear, (requiring a written request from the receiving

agency and permission from parents to comply) not all staff members were fully aware of it. This was probably due to the recent influx of new personnel with a resultant training lag.

Receiving agencies reported that no records had been obtained for six children, even though three claimed to have made a request for three of them. A follow up of these six cases at HIP revealed that no written request had been received by HIP for four of these children, while records had, indeed, been sent for the other two. Records on 13 children had been acquired by their current programs. These include records of prior treatment and procedures at HIP (eight children), results of testing (five children) and recommendations for future treatment and education (two children).

Ten of the 13 sets of records received were used by the teachers and nine of them reported that the records were helpful. This material not only saved teachers time in getting to know the children, but also gave them ideas on how to deal with these students. One teacher reported that the records were of no help and two admitted they had not read them.

Personnel in the receiving agencies were also asked what other types of information they would like to receive from HIP about these children. Table XII contains the response to this query.

TABLE XII

OTHER INFORMATION RECEIVING AGENCIES WOULD LIKE TO HAVE

Information	No.
Practical advice on approaching child	3
Child's problems	2
Child's skill and vocabulary	2
Medical problems	1
Personality problems	1

HIP does not absolve itself from responsibility for their clients after the child moves on to another program. One of the things they do is to make follow-up visits to receiving agencies to provide whatever assistance they can and to evaluate the effectiveness of both the HIP program and the receiving program. Fifteen of the 20 children had received a follow-up visit from either the teacher or social worker at HIP. Four had not received such a visit and one receiving agency teacher was new and did not know if her predecessor had received one. The value of these follow-up visits to the receiving agency, as perceived by the persons interviewed, is presented in Table XIII.

From the viewpoint of the receiving agency, the follow-up visit was of limited value. Other than confirming that the child was making progress, the visit provided only scattered assistance. Only two of the persons interviewed were enthusiastic about the follow-up visit. The rest,

TABLE XIII

VALUE OF FOLLOW-UP VISIT TO RECEIVING PROGRAM

Value of Follow-Up Visit	No.
The follow-up visit was of no help to the receiving program teacher.	9
HIP teacher confirmed child had made progress since leaving HIP.	5
Gave help on how to deal with child.	2
Added information about handicap.	1
Provided assistance with hearing aid.	1
Provided information on dealing with family.	1

including those who had received assistance, did not feel it justified the time it took, although they did feel it had potential for being more helpful. This will be discussed in more detail in a later section.

Interviews with the personnel from HIP who conducted the follow up tended to confirm this feeling. They did not feel the purpose of the follow up visit was well defined nor had a clear plan of approach been devised. Although they felt that there was potential value to both parties in such visits, it had not been fully developed.

Only the documentation of continued progress was a consistent outcome of these visits, as borne out in the follow up reports.

Evaluation of the progress of these children by their teachers in the receiving programs is presented in Table XIV.

TABLE XIV

PROGRESS OF HIP CHILDREN IN RECEIVING PROGRAMS AS EVALUATED BY THEIR TEACHERS

Progress	No.
Very well	1
Well	14
Somewhat	3
Not at all	1
No response	1

This evaluation leads to the conclusion that the preparation of children in HIP, the placement of children in appropriate programs for them and/or the follow-up have resulted in continued improvement for most of the children. In essence, some thing or things in the process seem to be working.

Representatives of the receiving agencies were asked what they felt HIP did particularly well and what recommendations they had for HIP that might improve that program. Responses concerning the former are included in Table XV and the latter in Table XVI.

Six teachers felt they could not evaluate the HIP program or offer recommendations because they did not know enough about the program. Several stated they would like to visit the Hearing and Speech Agency to observe the program and talk with the staff.

TABLE XV

STRONG POINTS OF HIP PROGRAM AS PERCEIVED BY REPRESENTATIVES OF RECEIVING PROGRAMS

Strong Points	No.
Work with parents (i.e., involvement, assistance, advocacy)	6
Contact and communication with receiving agency	3
Auditory-oral approach	2
Individualized attention	1
Child's development of listening vocabulary	1
Development of child's ability to work in groups	1
Good placement of child	1

TABLE XVI

RECOMMENDATIONS FOR HIP FROM RECEIVING PROGRAMS

Recommendations	No.
Transmit records sooner	3
Use total communication approach	2
Give parent more realistic evaluation and prognosis of child's potential	2
More work with families	2
Expand services to total child, not just speech and hearing	1

In response to a query if they would be interested in receiving other children from the Speech and Hearing Agency, the representatives of these receiving programs were unanimous in the affirmative with a qualification based on the types and severity of the disabilities children possessed.

Based on the preceding data, the following conclusions may be drawn:

1. Former HIP children have been placed in a variety of programs, most of which seem to be appropriate for them.
2. Most children are deemed to have been prepared for the program which received them.
3. There is some discrepancy concerning the request and receipt of records between HIP and some receiving agencies.
4. Follow-up visits were made to most programs. They were not deemed to be very valuable by most teachers receiving these visits or to HIP itself, but there seems to be potential value for follow-up.
5. Practically all the children were making progress in their receiving programs.
6. Representatives of receiving programs recognized a number of strong points in the HIP program, particularly in their work with parents and communication with receiving agencies.
7. Receiving agencies offered a variety of recommendations to HIP.

8. Staff at receiving agencies professed a desire to know more about the programs of the Speech and Hearing Agency.

The following recommendations are made based on the results of this evaluation.

1. Better communication is needed between HIP and receiving agencies concerning the procedures governing the transmission of records.
2. The purpose of follow-up and policies and procedures concerning follow-up should be formulated.
3. An effort should be made to orient potential and current receiving agencies to the purposes and operation of the HIP program.

TEAM MEETINGS AND CASE CONFERENCES

Meetings of the staff are held frequently at HIP. One is scheduled for a half day every week, although sometimes meetings are cancelled for various reasons. Meetings are of two types. One is for general administrative and program purposes during which announcements are made, problems discussed and issues debated. These are known as staff or team meetings. The other type, known as the case conference, focuses on discussions of individual cases frequently resulting in decisions being made about the program for, or disposition of individual children and/or their families. Although these two types of meetings are identified as separate entities, they frequently are combined as separate parts of the same session.

The data used in evaluating this aspect of the program was gathered from three sources: (1) observation of two complete meetings; (2) review of the minutes of 42 staff meetings and reports of 19 case conferences; and (3) interviews with seven current and past staff members. Each of these data was evaluated separately.

During the observation of the two meetings, both of which combined attributes of the team meeting and the case conference, notes were made by the observer of positive and negative activities. These were reviewed and the significant ones enumerated below.

Positive Activities

1. A report of the previous meeting was distributed for everyone to read both for accuracy and to identify any agreed upon responsibilities of individual staff members. Each person signed the report acknowledging the above.

2. Careful notes were taken of all actions taken at the meetings.

3. During the case conferences everyone freely gave input. There seemed to be no reluctance to talk.

Negative Activities

1. The chairperson took the notes. Although this did not deter her participation, it did create pauses which slowed the meeting down.

2. There seemed to be no protocol in conducting case conferences. Information came at random making the session appear inefficient.

3. One staff member had to leave to attend a graduate class before she gave her input to the case. Recommendations were made without her input.

A review of the minutes of the staff meetings revealed a number of activities. These activities have been identified as follows.

Administrative announcements: statements about the operation of the project usually made by the director, but sometimes by a staff member.

Assignment of task: the appointment or volunteering of a staff member for a specific task to be performed in the future.

Consultant report: a report by a consultant to the staff. This may include giving information and/or asking questions on the part of the consultant and/or staff.

Decision made: an agreement among the staff to do something (e.g., policy decision, specific action).

Discussion of case: a discussion of some problem or issue about a specific case, but not a full case conference.

Discussion of an issue: a discussion, debate and/or presentation about a problem, policy, principle or some type of issue. The issue may or may not be resolved.

Miscellaneous: any item in the minutes not fitting any of the other classifications.

Report on task by staff: a report on the accomplishment of, or progress toward a specific task for which a staff member was responsible.

Review of policy: restatement, clarification or discussion of an existing policy under which the project operates.

A random sample of the minutes of 20 staff meetings was analyzed. Each major statement in each set of minutes was classified according to one of the above nine descriptors. The results of this analysis are presented in Table XVII.

This analysis indicates that approximately one third of the items dealt with at staff meetings were administrative announcements and one fourth dealt with issues of import to the program. Approximately 10 percent dealt with each of the other activities. This analysis does not reveal the amount of time spent on each activity; it only reflects the items listed in the minutes. It is possible that a discussion of an issue took considerably more time than an administrative announcement. However, this analysis does give some indication of the relative emphasis placed on various activities.

TABLE XVII

FREQUENCY OF OCCURRENCE OF VARIOUS ACTIVITIES IN STAFF MEETING MINUTES

Type of Activity	Frequency of Occurrence	Percent of Total
Administrative announcements	62	31
Discussion of an issue	49	25
Report on task by staff	24	12
Discussion of case	18	9
Assignment of task	15	8
Miscellaneous	15	8
Consultant report	6	3
Review of policy	4	2
Decision made	4	2
Total	197	100

Case conference reports were written according to a specific outline. This includes a teacher's summary, a social work summary, evaluations, discussion and recommendations. A review of 19 case conference reports revealed considerable diversity in the scope and detail of these reports. In some, entire areas were left out. Some of the reports were completely written in great detail, but most had only some sections written in detail. This may have been due to the fact that some information was not available or not deemed to be relevant to the situation. However, all 19 of the reports contained two or more recommendations.

These recommendations fell into six categories. These categories and the number of each type that appeared in these reports are listed in Table XVIII.

TABLE XVIII

RECOMMENDATIONS ON CASE CONFERENCE REPORTS

Type of Recommendations	No. Made
Plan of action for family	6
Conference with parents	6
Placement in another program	6
Further evaluation	6
Plan of action for child	5
Further concerns	3
Additional services outside of HIP	2

The final data used to evaluate team meetings and case conferences was drawn from the staff during interviews. Six of the seven staff persons interviewed felt that these meetings were well worth the time. The lone dissenter felt their lack of efficiency made them less than desirable.

Since both team meetings and case conferences are conducted in the same session, staff had difficulty in evaluating them separately. Most of their comments focused on the case conferences. The staff agrees that the major

things gained from these meetings were a more complete picture of the child and an understanding of the family's background. Other items which the staff felt they gained from these sessions were ideas for working with children and families, reinforcement and support for the actions they had taken, updating on administrative matters and respect for the competency of other staff members.

When asked to identify the problems related to these meetings, seven items were stated.

1. A lack of time.
2. Too many side conversations.
3. Authority struggles between team members.
4. Too much time spent in trivial administrative matters.
5. Insufficient information on speech and language evaluation.*
6. Recommendations not always being implemented.
7. Some topics recurred at every meeting; repetitive.

Recommendations for improving these sessions were offered by the staff. These include the following.

1. Hold case conferences on a regular basis, not just when there is a crisis.
2. Develop agenda for meeting and keeping people on task.
3. Require staff members to report back on recommendations to assure they are implemented.
4. Return a speech pathologist to team*.
5. Put administrative announcements in writing and distribute to staff to be read at their leisure.

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* A speech pathologist had been a member of the team for the first 24 months of the project. When this person resigned, a psycholinguist was employed to do the speech and language evaluation and assist in the development of a language curriculum. This proved unsatisfactory in relation to the former part of the task.

The following conclusions may be drawn from the results of this evaluation.

1. Team meetings and case conferences are an important part of the HIP program providing a means of sharing information, arriving at decisions and fostering staff interaction.
2. Although they are generally effective, team meetings and case conferences are not always efficient in operation.

Recommendations based on this evaluation are as follows.

1. Continue team meeting and case conferences on a regular basis. They are an essential part of the program.
2. Continue the practice of having staff review and sign the minutes. However, require the staff members having specific responsibilites indicated in the minutes to report back to the total staff periodically on the progress made in fulfilling these responsibilities.
3. Carefully analyze and evaluate the conduct of these meetings to determine ways of improving efficiency without detracting from their effectiveness. Some suggestions that may be considered for doing this include:

(a) distributing administrative announcements in writing well in advance of meeting and using meeting time only for questions and clarification about them.

(b) soliciting agenda items from staff, publishing agenda well in advance and encouraging staff to distribute information on items for which they have responsibility in advance.

(c) using a secretary or tape recorder to take minutes.

4. Establish a protocol for discussing case conferences and attempt to keep staff on task. Care must be taken, however, not to stifle input and discussion in doing this.

5. Return a speech pathologist to the team.

MANAGEMENT

The success of any program is dependent to a great degree upon its management. The management of a program should facilitate the work of the professional staff in accomplishing the goals of the program. A good management system must maintain a balance of control; for accountability and efficiency; and flexibility, for adaptation and effectiveness.

Five aspects of the management of HIP were evaluated.

1. Authority and Responsibility
2. Staff Time and Scheduling
3. Records
4. Supervision
5. Material Procurement

Three types of data were utilized in this evaluation. They include agency records, policy and procedure statements amd interviews with the staff. The latter produced the most useful data for this evaluation.

A document had been prepared which contained a number of the procedures and forms used in the project. Of particular import is a clear flow chart which indicates what happens to a family step by step from the time they first have contact with the agency until service is received. Another is a statement about the responsibility of each staff member. Copies of record and evaluation forms are also included. Although the document was neither complete nor indexed at the

time of evaluation, it certainly provided some degree of organization to the operation of HIP. Informal observation of the program in operation tended to validate the procedures that are described in the manual. Reviews of records indicate that many of the forms in this document are being used and are seemingly quite appropriate.

Conspicuously absent was any organization chart delineating responsibility and authority. Although the program is small, it operates within the framework of a larger agency. Some of the HIP personnel have responsibilities to more than just the HIP program.

During the interviews with staff mambers, two concerns were expressed by a number of the staff about authority and responsibility.

1. While a brief job description had been written for each position, it is not felt to be adequate. There is a need for more detail in terms of the specific responsibility of each position.
   While many "jurisdictional" problems were resolved in staff meetings, the continual re-occurence indicates a need for more clarity in role delineation.
2. There is a general feeling that the program had dual leadership. Some decisions are made by the project director and some by the agency director.

This creates some confusion and annoyance to staff.

While these two factors are somewhat troublesome to staff members, the program and agency are small enough that communication is relatively easy and most problems are worked out. However, the time it takes to do this could be put to better use.

There was some expression for more adequate policies. Those identifying this need conceded that the procedural handbook was helpful as far as it went, but needed to be more extensive.

The time schedule of most of the non-teaching staff in the project seemed to be satisfactory to them. Most had, and preferred, big blocks of time to work on their tasks. This was primarily due to the fact that they were able to arrange their own schedules. The two teachers interviewed expressed a need for time to prepare lessons and write the numerous reports required of them. What free time they do have is broken up into small blocks. They need large blocks to concentrate on planning and reporting.

A great variety of records are kept by the agency. These include test results, case conference reports, progress reports,quarterly reports, staff meeting minutes, parent permission forms, diagnostic data, informal notes by individual staff members and several others. These records serve many purposes.

1. Basis for funding request
2. Meeting legal responsibilities
3. Program planning
4. Data for generating reports
5. Documentation of events
6. Assisting receiving programs

While there is a general feeling that paper work is heavy, all persons interviewed believed that the records kept were necessary for one or more of the previously stated purposes. Individual case records had recently been centralized in one place under the auspices of a single staff person. This was felt to be a much more efficient system since records could be easily located.

Some concern was expressed about systematizing the record system. Another concern was that any new records should be carefully thought out before being initiated.

The staff, including the administrators, do not feel the need for supervision in the project. There is a great amount of mutual confidence expressed in the professional competence of fellow staff members. Most feedback comes during staff meetings when individuals discuss ideas and actions they have taken. Staff feel comfortable relating with each other and do not seem to be defensive about their work. Extensive use of video tapes made during teaching and parent sessions are shared and discussed.

There are various perceptions of how to acquire materials for the project. A couple saw the process as clear; most complained of confusion and red tape. Descriptions of visiting stores to get prices, waiting for a check and returning to stores for purchases; confusion as to what happens to requests once they are made; and a general lack of confidence in the procurement process was expressed. No clear understanding of this phase of the management process could be gleaned from the interviews. Such words as "tight budget", "inflexibility", "red tape" and "inadequate planning" do little to untangle this problem. It can only be concluded that if a procedure does exist for acquisition of materials, a number of the staff are unclear as to how it operates.

The following conclusions about the management of this project have been drawn from this evaluation.

1. A number of procedures have been developed and communicated, but there are still some gaps, particularly in the clarification of job responsibilities and ultimate authority.
2. Most staff have satisfactory schedules; teachers need blocks of time for reporting and planning.
3. Various records are kept for a number of reasons.
4. The needs of staff for supervision and feedback are being met.

5. There is confusion about the process for ordering materials.

The following recommendations are offered, based on this evaluation.

1. Continued development of the procedural manual should be undertaken.
2. The lines of authority and responsibilities of staff positions should be clarified.
3. The schedules of teachers should be examined to determine if blocks of time can be arranged for planning and reporting.
4. Procedures for procuring materials need to be clarified.

INSERVICE

Collectively this varied staff possesses a great quantity of competencies. However, the diversity among staff members also results in gaps in the preparation of individuals for some of the tasks they are required to perform. In an effort to identify the needs of individual staff members for specific types of training, an assessment form was prepared for each person to evaluate their knowledge and skills in a number of areas, and to identify their needs. Each person then met with the director to design individual inservice programs. Although not all of the plans made were carried through to fruition, different types of inservice programs were utilized. These included:

Attending conferences, meetings and workshops conducted by BEH, TADS and other public and provate organizations.

Reading literature either selected by the individual or recommended by the director for the staff.

Meeting with experts and consultants from within and outside the agency (e.g., speech pathologist).

Participate in staff meetings and case conferences where ideas are exchanged.

Visit other programs or colleagues within the HIP program and observe them in action.

Take post graduate work at local colleges and universities.

During the interviews with staff members, questions were asked to evaluate the effectiveness of these programs.

No clear quantitative analysis could be discerned. What some people thought was extremely helpful, others indicated was a waste of time and vice-versa.

An evaluation of the effectiveness of inservice work conducted by the project director indicated that most staff felt more comfortable about a given area, demonstrated increased competence and/or felt an experience to be useful after a specific inservice program.

When each staff person was asked what additional inservice he/she needed, responses ranged from none to several. Three types of needs were expressed.

1. Working with language disordered children.
2. Interpretation of audiology data.
3. Techniques and strategies of evaluation.

It may be concluded that there is some effective inservice taking place in this program, and still some inservice that is needed.

A more systematic means of assessing needs and evaluating effectiveness is desirable if it could be done efficiently without utilizing much staff time.

TRANSPORTATION

Built into the project funding was the cost of transportation for parents who needed it to bring their child to the agency for testing, instruction and therapy, and for social service for themselves. When federal funding ceases, it is imperative to know what effect a possible lack of money for transportation will have on the attendance of families at the agency. Since it was impossible to observe or experiment with this variable, the family's pattern of attendance and transportation and their projection in event that transportation reimbursement was not available was determined during the interview.

Table XIX contains the information gleaned from 23 parents concerning this issue.

TABLE XIX

ATTENDANCE AND TRANSPORTATION PATTERNS

Questions	Responses
Do you attend agency regularly?	Yes - 21 No - 2
How do you get there?	Cab-10 Drive-10 Bus-3
Who pays transportation cost?	Self-3 Agency pays all-16 Agency pays part-4
Could you get there if not reimbursed?	Yes-13 Irregular-4 No-1 Try,but not sure-2

Almost all the parents attend agency sessions regularly. Slightly more than half use public transportation (cab or bus) and the rest drive themselves. The agency pays all or part of the transportation costs for 20 of the 23 parents interviewed. Of this twenty, 65 percent indicated that they would attend even if not reimbursed; 30 percent would try or do so irregularly and only a single person said he would not participate in agency sessions.

In summary, most of the parents in the program were reimbursed for transportation, but if they were not, a vast majority would still attempt to attend agency sessions. It may be concluded that transportation funding, while desirable from the viewpoint of parents, is not the critical factor for attendance at agency sessions for most parents.

Based on these data, it is recommended that stringent criteria be applied to transportation reimbursement to parents if funds are in short supply. Only the most indigent cases may require such aid to attend the agency.

TESTING

Various tests are administered to children in this project upon entry, and periodically through their tenure in the program. These include psychological tests and language, hearing and speech tests. The specific tests vary with children due to differences in developmental levels and types of impairment. One purpose of these tests is to diagnose the child's abilities and potential in order to establish a starting point for instruction and therapy, and to set goals. A second purpose is to provide some objective measures of a child's growth throughout the program. Most of these tests are administered at the agency by the psychologist, psycho-linguist and audiologist, although some are performed at other institutions.

The results of these tests are shared with the staff at team meetings and case conferences. In addition, an attempt is made to interpret them to parents. The evaluation of this component was based on data collected in interviews with staff members and parents.

Staff members surveyed stated that they received the results of the evaluations and that they were generally well interpreted by the person who administered them. In fact, most felt that the oral interpretation of tests presented at staff meetings is more useful than the written record of test scores. One of the major problems, as seen by the teachers, is the time it takes to receive these re-

ports, particularly the initial tests. Frequently a child will be in the program as long as six months before the results of certain tests are received. This is usually due to a backlog in testing. Because the psychologist is only a part time employee and the psycholinguist had other duties, they do not always get to test children immediately upon entrance into the program. Also, parents sometimes fail to keep appointments for testing their children. The results of tests in these instances are of no value to the teacher other than confirming what she had probably already discovered through working with the child.

Even when test data is received early, it is of marginal value for the purpose of planning. The reason for this is that tests have not yet been developed for children of this age that give very sophisticated diagnostic results. Most staff who work with children feel it is necessary to interact directly with the children in order to get the depth of understanding needed to plan specific programs for each individual. The question was raised by two people as to whether it is necessary to administer all the tests that are given to children.

Parents who were interviewed were asked about information they received on tests and its usefulness. Although most of the parents interviewed responded with positive answers when asked if they had received the results, if they were interpreted clearly and if they were useful to them, the majority were vague. Further questioning

about the specific type of test, what the results meant and how they used them brought vague answers and many responses such as "I don't remember." It is the suspicion of the evaluators that either the parents did not understand what was meant by the test results, they were not clearly interpreted or they had forgotten about them. Therefore, it has been decided not to report any quantitative data on parent's responses to this inquiry on testing. Instead, the comments made by those few parents who obviously understood the test results are reported.

> A few parents reported that they had received the results of specific tests, and that they were well interpreted for them.
>
> One parent stated that she was able to use the results of a test as a basis for starting to work with her child.
>
> Another parent stated that she found test results useful in dealing with school officials after leaving HIP.
>
> Two parents stated they felt there was too much emphasis placed on tests at HIP.

Conclusions drawn from this evaluation include the following.

1. The various tests administered to children are clearly interpreted to staff.
2. Test data is only of marginal usefulness in planning children's programs because of the delay in testing and its lack of specificity.
3. Test results have little impact on parents.

Recommendations concerning the testing program follow.

1. The testing program should be carefully analyzed to determine which tests are of significant value, and which ones make little contribution and could be dropped.
2. A follow-up study on the value of tests to parents should be conducted to determine if interpretation could be improved.

SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

An evaluation of a number of critical elements in the Hearing and Speech Infant-Parent Program was conducted in order to determine their effectiveness and efficiency of operation. Data was collected through interviews with staff, parents and representatives of agencies who received the children after HIP, observation of teachers working with children individually and in small groups, observation of team meetings, case conferences and group counseling sessions and a review of case records, policy manuals, project reports, video tapes and similar materials. Following is a summary of the conclusions and recommendations for the eight elements evaluated.

Instruction and Therapy for Children

The following conclusions were drawn from this evaluation.

1. The teacher's approach is relatively low-keyed. She is accepting of children's contributions and lavish with praise, but is not sympathetic to their emotional outbursts.

2. The children are actively involved in the lessons, making significant contributions to the interaction.

3. During home visits, teachers are more indirect and less secure; mothers tend to be more interfering; and children are more comfortable but more easily distracted by familiar environment.

4. During agency visits teachers are more direct, more secure, use mother more constructively and accomplish more.

5. Teachers tend to dominate the lesson when tutoring, but permit more independence when working with groups, as well as making greater use of the environment and children as instruments of instruction.

6. Teachers are more structured and dominating with hearing impaired groups than with language inpaired groups.

7. Both parents and staff agree that home visits are important, particularly at the beginning stage, but less so after the child becomes familiar with the teacher.

Three recommendations are offered based on this evaluation.

1. Teachers should review the differences in their behavior and that of children in different situations to ascertain if it is desirable. Where it is not, a conscious effort should be made to alter it.

2. Both home and agency visits should be continued with the former being phased out as the teacher and child become acquainted.

3. Consideration should be given to more small group work, either as a replacement for, or supplement to individual sessions.

Social Work Services

The following conclusions have been made concerning social work services based on this evaluation.

1. A majority of parents participated in this program and felt it helped them grow personally, and better understand and help their children.

2. A minority of parents did not participate because of personal problems or the feeling that the program lacked the substance that would be of help to them.

3. Most parents preferred group meetings or both group and individual meetings while staff perceived individual or both types as most useful to parents.

4. Open-ended meetings were preferred by most parents, although a substantial number preferred both open-ended and structured sessions.

5. Topics found most useful by parents and staff dealt with raising the child and helping them with their handicaps.

Recommendations based on this evaluation include:

1. Both substantive information and affective counseling should be included in the program.

2. Both group meetings and individual sessions should be retained.

3. Both open-ended as well as structured programs should be continued with parents having input into the topics for structured sessions.

4. Total staff should be involved in this program.

5. Planned curriculum and supporting materials should be developed for topics of high interest.

Team Meetings and Case Conferences

After evaluating this phase of the program, it was concluded:

1. Team meetings and case conferences are an important part of HIP providing a means of sharing information, arriving at decisions and fostering staff interaction.

2. Although generally effective, these sessions are not always efficient in operation.

Recommendations based on this evaluation are as follows.

1. Continue the practice of having staff review and sign minutes, but require those having specific responsibilities to make periodic progress reports.

2. Analyze the conduct of these meetings to determine ways of improving efficiency. Some suggestions for improving efficiency include distributing administrative announcements in writing in advance; using a secretary or tape recorder to take minutes.

3. Establish a protocol for discussing cases and keeping staff on task.

4. Return a speech pathologist to team.

Receiving Agency Placement and Follow-Up

Conclusions concerning this aspect of the program include:

1. Former HIP children have been placed in a variety of programs, most of which seem to be appropriate for them and for which they seem to be prepared, and are making progress.

2. There is some discrepancy concerning the request and receipt of records between HIP and some receiving agencies.

3. Although follow-up visits were made to most programs, they were not deemed to be of much value.

4. Receiving agencies recognized a number of strong points in the HIP program, particularly in their work with parents and communication with receiving agencies.

Recommendations concerning this aspect of the program include:

1. Better communication is needed between HIP and receiving agencies concerning the procedures governing the transmission of records.

2. The purpose, policies and procedures for follow up should be formalized.

3. Potential and current receiving agencies should be oriented to HIP.

Management

The following conclusions about the management of the project have been drawn from this evaluation.

1. A number of procedures have been developed for managing the project, but some gaps still exist, particularly in job responsibility and authority.

2. Most staff have satisfactory schedules; teachers need blocks of time for reporting and planning.

3. A variety of records are kept for a variety of reasons.

4. Staff needs for supervision and feedback are being met.

5. Confusion exists about the process of ordering materials.

The following recommendations are offered about the management of this program.

1. Development of the procedural manual should be continued.

2. Lines of authority and responsibility should be clarified.

3. Teachers should be scheduled for blocks of time for planning and reporting.

4. Procedures for procuring materials need to be clarified.

Inservice

It may be concluded that some effective inservice is taking place, but more is needed.

It is recommended that a more systematic means of assessing needs and effectiveness of inservice be developed.

Transportation

It was concluded that transportation funding, while desirable, is not critical for attendance.

It is recommended that stringent criteria be applied to transportation reimbursement to parents.

Testing

Conclusions drawn about the testing phase of the project include the following:

1. Various tests are administered and clearly interpreted to staff.
2. Test data is only marginal use in planning children's programs.
3. Test results have little impact on parents.

Recommendations concerning the testing program include:

1. Tests should be analyzed to determine which ones are of value to the project and which could be dropped.
2. Interpretation to parents should be improved.

APPENDIX A

INTERVIEW FORMS

FOR

Staff

Parents

PARENT INTERVIEW

1. During the time when your child was served by this project, did you notice any improvement in the following areas?

   (None, some, a lot)

   Hearing (residual)
   Vocalization (sounds, words)
   Language (expressive and receptive)
   Non-verbal communication
   Thinking (problem solving, creativity, etc.)
   Self help skills (dressing, toilet, etc.)
   Relationships with others (peers, adults)
   Behavior (emotional control, fairness, etc.)
   Motor skill (fine, gross)
   General health (physical and emotional)

2. Did you find the home and agency visits of equal value, or did one offer things that the other didn't? (e.g., more materials, more natural atmosphere, etc.)

   What was the strong point of each type of visit? What would you recommend be changed in either or both? Was your child dealt with in a small group individually or both? What were the advantages and disadvantages of each?

3. What did you get out of the program as parents? (e.g., skills in working with child, a better understanding of child's needs and why he/she behaves as he/she does, an improved relationship with the child, a better understanding of your own feeling about your child's handicap and help in dealing with these feelings)

4. Did you find individual meetings with staff or small group meetings of several parents with staff to be most helpful? Why? Were the individual meetings necessary, or could you have gotten the same help in a group meeting?

5. What topics or issues did you find most helpful in these meetings? Least helpful? (Give list of topics covered.) What other topics would you suggest be presented to parents? Would you rather have had a more structured program or did you prefer the open-ended approach dealing with issues the group raised?

6. Do you feel you are better able to seek outside help for your child now? Can you give some examples? Were/are you prepared to move your child when HIP's work was/is completed? Was the HIP staff of any assistance in preparing you for this move? Was/is the child prepared for a move or tandem placement?

7. Do you and your child attend the agency regularly? How do you get to the agency? who pays for your transportation? (all or part?). Could you get here if the agency did not pay? Would you get here if they didn't?

8. Did you receive the results of any tests given to your child? (e.g., language, hearing, psychological). Were these of any use to you? Did teachers and therapists seem to use them in any way?

9. How do you feel about your child now? Has this changed since entering the program? Has your relationship with your child changed since entering the program? If so, how? What do you expect your child to achieve in his/her lifetime? Has this changed since entering the program? What do you plan to do with your child next?

10. What do you feel are the strong points of the program? What recommendations, if any, would you have for change? Are there any needs that you or your child have that were not met? Would you recommend this program to another parent with a child similar to yours?

STAFF INTERVIEW

1. Did you find the home and agency visits of equal value or did one offer things the other didn't?

2. Did you deal with individual children and/or small groups? What were the advantages and disadvantages of each to you, children and/or parents?

3. Did you work with parents? In what capacity? Individually or in small groups? Which do you feel was most helpful to parents? Can you offer an explanation why you feel this was so? Were individual meetings necessary or could parents have gotten the same help in groups?

4. Which topics do you feel were best received by parents? Which ones were not well received? Can you offer an explanantion for this difference? What other topics would you recommend be offered to parents? To siblings?

5. Did you administer any evaluation instruments to children? If so, what one(s)? Did you receive the results of any evaluations done on children? Were they clearly interpreted? Did you make any use of them? Why or why not? Would you recommend new children receive these evaluations?

6. Did you receive any inservice? What? How useful was it? Is there other inservice you feel you need to do a better job on the project?

7. What types of instructional material do you have? Are they useful? Do you have an adequate amount of each piece? How difficult (or easy) is it to get new material?

8. What do you contribute to team meetings and/or case conferences? What do you gain from them? Are they worth the effort? Do you feel the decisions made are adequate (both the process and result)? Are there problems connected with them? What recommendations do you have concerning them?

9. Are you involved in follow-up? Do you get the results? Are they of value to you?

10. How are you involved in the operation of this project? Are your responsibilities and authority clearly defined? In writing? How many people do you report to? Does this create any problems? How much effort would it take to replace you if you left tomorrow? Do you have any recommendations concerning organization and administration?

11. Do you feel you have adequate time to do your job? Do you have free time to work on tasks? Is it in big blocks or distributed? Are you satisfied with this schedule? If not, how would you rather it be?

12. What records do you keep? Are they utilized by others? Are they worth keeping? What records do you use? What recommendations do you have concerning the record system?

13. Are you involved in public relations and dissemination? How? How effective is it? What recommendations do you have?

14. Are you ever observed while performing you job? Do you feel you need to be? If you have been observed, what resulted from it?

15. Do you ever receive feedback from your supervisors? peers? Has it been helpful or not?

16. How well is the program meeting its objectives? What are its strong points? What changes are needed? If you had a child similar to this, would you send him/her here?

APPENDIX B

INTERVIEW FORM

for

RECEIVING AGENCIES

RECEIVING AGENCY INTERVIEW

1. Do you feel this child was appropriate for the type of program you offer? Why? Why not?

2. Do you feel the child was adequately prepared to enter your program? What indicators do you have for your answer?

3. Do you have any recommendations for the sending agency for preparing a child for a program such as yours?

4. What approach are you using with this child? (auditory-oral? total communication? signing?)

5. How is the child progressing? What is your recommendation? for next year?

6. What records and other information did you receive from the Speech and Hearing Agency on this child? Were these of value to you? If so, in what way? If not, was there any other information you would like to have had? Was there information you received that was superfluous?

7. Did the agency follow-up this child after he was placed with you? Was the follow-up of any value to you? If so, in what way? If not, was there any way it could be improved to be of help to you?

8. Is there anything that you feel the agency had done particularly well for the child, parents or your organization that you hope they continue?

9. Is there anything you feel the agency should change or add that will help the child, parents and/or receiving groups such as your organization?

10. Would you be interested in receiving other children from the Speech and Hearing Agency?

11. Other comments.